

IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF ARKANSAS  
FAYETTEVILLE DIVISION

MARIO ROBERT OVALLE, SR.

PLAINTIFF

v.

Civil No. 05-5215

BENTON COUNTY JAIL

DEFENDANT

**ORDER**

Plaintiff's complaint was filed in this case on December 30, 2005. Before the undersigned is the issue of whether the complaint should be served. In order to assist the court in making such determination, it is necessary that plaintiff provide additional information with respect to his claims.

Accordingly, it is ordered that plaintiff, Mario Robert Ovalle, Sr., complete and sign the attached addendum to his complaint, and return the same to the court **by February 20, 2006.**

**Plaintiff is advised that should he fail to return the completed and executed addendum by February 20, 2006, his complaint may be dismissed without prejudice for failure to prosecute and/or for failure to obey an order of the court.**

IT IS SO ORDERED this 19th day of January 2006.

/s/ Beverly Stites Jones  
UNITED STATES MAGISTRATE JUDGE

IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF ARKANSAS  
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MARIO ROBERT OVALLE, SR.

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**ADDENDUM TO COMPLAINT**

TO: MARIO ROBERT OVALLE, SR.

This form is sent to you so that you may assist the court in making a determination as to the issue of whether your complaint should be served upon the defendant. Accordingly, it is required that you fill out this form and send it back to the court **by February 20, 2006**. Failure to do so will result in the dismissal of your complaint.

The response must be legibly handwritten or typewritten, and all questions must be answered completely in the proper space provided on this form. If you need additional space, you may attach additional sheets of paper to this addendum.

**RESPONSE**

In your complaint, you allege you have been denied your prescribed medication and proper medical treatment. You also state that you have been denied access to the law library.

1. Provide the dates of your incarceration at the Benton County Detention Center (BCDC).

Answer:

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2. You mention a federal prison. Are you currently serving a sentence of incarceration?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If you answered yes, please state the date of your conviction.

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If you answered no, please explain why you are incarcerated.

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3. You have named the Benton County Jail as a defendant. The jail is a building and not a person subject to suit under § 1983. Did you intend to name any individuals as defendants?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If you answered yes, please list each individual you intended to name as a defendant and state how he or she violated your federal constitutional rights.

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4. You allege you have been denied your prescription medication. Please state: (a) what prescription medication you have been denied; (b) who prescribed this medication; (c) when this medication was prescribed; and (d) whether you have requested the prescription medication from the jail medical staff. If you requested the medication from the jail medical staff, please state what response you received.

Answer:

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5. You have alleged you have been denied adequate medical care. Please state: (a) what condition you have sought medical care for; (b) whether you have been treated by the jail nurse or jail doctor; (c) what treatment you received; (d) how you believe the jail nurse or jail doctor has been deliberately indifferent to your serious medical needs; and (e) whether you suffered any physical injury as a result of your not receiving adequate medical care or a delay in your receipt of medical care. If you suffered physical injury, please state what symptoms you experienced, describe their severity, and state how long it took you to recover from the injury.

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(B). Do you currently have criminal charges pending against you?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If you answered yes, please state whether you have an attorney to represent you in the criminal case.

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(C). Have you missed any deadlines for filing documents with the court or been unable to pursue any claim because you have not had access to a law library?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If you answered yes, please state what deadline you missed or claim you were unable to pursue. In answering be specific. State the date the document was due to the court, what court the document was due in, and what action the court took against you for missing the deadline. If you were unable to pursue a claim, please indicate what claim and why you were unable to pursue it.

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7. It looks like you originally had a third and fourth claim on your complaint but you erased those claims. Are you only asserting the denial of medical care (including medication) claim and the denial of access to the law library claim?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If you answered no, please state what other claims you are asserting. In answering be specific. State how you believe your constitutional rights were violated, when they were violated, and who violated your constitutional rights.

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I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COVERED BY  
THE VERIFICATION MADE BY ME ON MY INITIAL COMPLAINT.

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MARIO ROBERT OVALLE, SR.

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DATE